## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10040077

| (Column 1) (Column 2)   |  |   |                                       |              |                                |                  | SMALL ENTITY TYPE   |                        | OR                      | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|---------------------------------------|--------------|--------------------------------|------------------|---------------------|------------------------|-------------------------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 20                                    |              |                                |                  | RATE                | FEE                    |                         | RATE                       | FEE                    |
| FOR   |  |   | NUMBER FILED                          |              | NUMB                           | ER EXTRA         | BASIC FE            | 370.00                 | OR                      | BASIC FEE                  | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | ) ∅ minus 20=                         |              | * &                            |                  | X\$ 9=              |                        | OR                      | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =                           |              | * Ø                            |                  | X42=                |                        | OR                      | X84=                       |                        |
| MU  | LTIPLE DEPEN   | IDENT CLAIM P                             | RESENT                                |              |                                |                  | +140=               |                        | OR                      | +280=                      |                        |
| * If  | the difference   | in column 1 is                            | less than zero, enter "0" in column 2 |              |                                | TOTAL            |                     | OR                     | TOTAL                   | 7402                       |                        |
|   | С  | LAIMS AS A                                | MENDED - PART II                      |              |                                | 12. 22           | SMALL               | -<br><b>∩</b> B        | OTHER THAN SMALL ENTITY |                            |                        |
|   |  | (Column 1)                                |                                       |              | mn 2)                          | (Column 3)       | SIVIALL             |                        | OR<br>•                 | SWALL                      |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR   | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **           |                                | =                | X\$ 9=              |                        | OR                      | X\$18=                     |                        |
|   | Independent  | *   | Minus                                 | ***          | T CL AIM                       | -                | X42=                |                        | OR                      | X84=                       |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                       |              |                                |                  | +140=               |                        | OR                      | +280=                      |                        |
|   |  |   |                                       |              |                                |                  | TOTAL<br>ADDIT. FEE |                        | OR                      | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                |                                       | (Colu        | mn 2)                          | (Column 3)       |                     |                        |                         |                            |                        |
|   | The state of the s | CLAIMS                                    |                                       |              | HEST                           |                  |                     | ADDI-                  | 1                       |                            | ADDI-                  |
| AMENDMENT B   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREVI        | MBER<br>OUSLY<br>FOR           | PRESENT<br>EXTRA | RATE                | TIONAL                 |                         | RATE                       | TIONAL<br>FEE          |
|   | Total  | *   | Minus                                 | **           |                                | =                | X\$ 9=              |                        | OR                      | X\$18=                     |                        |
|   | Independent  | *<br>ENTATION OF MI                       | Minus                                 | ***          | T CLAIM                        | =                | X42=                |                        | OR                      | X84=                       |                        |
|   | THOTTILOL  | ATTACK OF MA                              |                                       |              | . 02                           |                  | +140=               |                        | OR                      | +280=                      |                        |
|   |  |   |                                       |              |                                |                  | TOTAL<br>ADDIT. FEE |                        | OR                      | TOTAL<br>ADDIT. FEE        |                        |
|   |  | (Column 1)                                | -                                     |              | mn 2)                          | (Column 3)       |                     |                        |                         |                            |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | NUN<br>PREV  | HEST<br>UBER<br>IOUSLY<br>DFOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |                         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **           |                                | =                | X\$ 9=              |                        | OR                      | X\$18=                     |                        |
|   | Independent  | *   | Minus                                 | ***          | IT CLAIM                       | =                | X42=                |                        | OR                      | X84=                       |                        |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=   |   |                                       |              |                                |                  |                     |                        | OR                      | +280=                      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  |  |   |                                       |              |                                |                  |                     |                        | OR                      | TOTAL                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                                       |              |                                |                  |                     |                        |                         |                            |                        |